

# Family of Children Survey

## 2008

In order to provide the best mental health services to you and your child, we would like to know what you think about the services you are receiving. Your answers are confidential and will be used to improve services. **For each survey item below, please check the box that corresponds to your answer.** Please check the NA (Not Applicable) box if the question is about something you have not experienced.

The questions below refer to: (center name) \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. Your child's age (in years): \_\_\_\_\_
2. Your child's gender: ☐ Male ☐ Female
3. Your child's race/ethnicity? *Check all that apply.*  
☐ White/ Caucasian ☐ African American/ Black ☐ Native American/ Alaskan Native  
☐ Latino ☐ Asian/ South/ Pacific Islander ☐ Other (*please specify*) \_\_\_\_\_
4. Is your child currently living with you? ☐ Yes ☐ No
5. How long has your child received mental health services from this center? \_\_\_\_\_ years \_\_\_\_\_ months
6. How did you become involved in receiving services from this center? (Check the primary reason only):  
☐ Our family decided ☐ We were encouraged by others ☐ We were required to come

**As a direct result of services received in the past 6 months:**

[illegible]

**Please answer the following questions, thinking about your relationships with persons other than your mental health provider:**

[illegible]

**Please provide feedback about the services you and your child received:**

[illegible]

33. What has been the most helpful thing about the services you and your child received over the last 6 months?

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34. What would improve services here?

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If you are interested in participating in community focus group meetings regarding this survey and how it is used to improve services, please contact UPLIFT at 307-778-8686 or Toll-free at 888-875-4383. This information is also available on the Mental Health & Substance Abuse Services Website at <http://health.wyo.gov/mhsa/index.html>.

**Thank You!**

*Please place your completed survey in the provided envelope, seal the envelope, and return it to the designated person.*